



PRELIMINARY NEEDS ASSESSMENT

Please complete with as much detail as possible

Date:	
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Agency/department name:	
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Agency Address	
Website	https://
Telephone #	()
Email	_____@_____

Chief	
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Training Director	
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Leadership (sworn) rank structure & number in each position					
Deputy	Captain	Lieutenant	Sergeant	Corporal	PFC

#Sworn Officers		#Civilians under your command	
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Mission Statement	



1. What is the average time in service for your sworn personnel?
<input type="checkbox"/> 0-5 years
<input type="checkbox"/> 6-10 years
<input type="checkbox"/> 11-15 years
<input type="checkbox"/> 16-19 years
<input type="checkbox"/> 20+ years

2. How frequently are sworn and civilian staff trained?
<input type="checkbox"/> Annually
<input type="checkbox"/> Biannually (twice a year)
<input type="checkbox"/> Biennially (every other year)
<input type="checkbox"/> Other (explain)

3. Who trains your staff?
<input type="checkbox"/> internal staff police instructors
<input type="checkbox"/> independent contractors
<input type="checkbox"/> HR staff

Training Completed within the last two years

- cultural diversity
- implicit bias
- racial profiling
- bias-based policing
- interpersonal communication skills
- interacting with persons with mental disabilities
- equity and inclusion
- history of policing
- legitimacy
- procedural justice
- emotional health/wellness
- de-escalation techniques
- use of force



Current Policies

Does your department have written policies or directives addressing the following practices/behaviors?

- cultural diversity
- implicit bias
- racial profiling
- bias-based policing
- interpersonal communication skills
- interacting with persons with mental disabilities
- equity and inclusion
- history of policing
- legitimacy
- procedural justice
- encounters with civilians
- vehicle stops

4. When was the last time policies were updated?
<input type="checkbox"/> Within the last twelve months
<input type="checkbox"/> 1-3 years ago
<input type="checkbox"/> More than 3 years ago

Present Needs

5. Has there been an incident within the last six months causing a review of either the performance or current knowledge of any sworn or civilian employee?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
a. Is the incident under investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. If the answer is yes, is disciplinary action pending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Is the employee required to complete training because of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. What change do you want to experience from training? (Explain with detail)



6. Do you need assistance reviewing and updating current policies?

If the answer is yes, please identify the specific policy needing review and updating.

- cultural diversity
- implicit bias
- racial profiling
- bias-based policing
- interpersonal communication skills
- interacting with persons with mental disabilities
- equity and inclusion
- history of policing
- legitimacy
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- encounters with civilians
- vehicle stops

7. Are you having trouble retaining police officers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain your response -		

8. When was the last time new police officers were hired?

9. Does your department have a diversity-equity-inclusion policy statement?
<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Please provide any additional information not addressed in this assessment.

Thank you for your time in completing the Preliminary Needs Assessment. Following review of your responses, I will schedule either an in-person or virtual meeting to discuss the next step. Please sign and date. Completed assessments can be sent as an attachment to learningsolutions@ebevyyg.com.

(Name)

(Date)

(Title)